

Education Annual Report

Login

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http://bnursw4/apps/annualreport/login.aspx

Thursday, October 15, 2009

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Last Updated Tuesday, October 14, 2009

Nursing Education Program Annual Report

Each fiscal year, every nursing education program in the State of Alabama is required to submit a written evaluation report to the Board of Nursing by a date specified by the Board pertaining to the activity of the preceding academic year.

If information was previously entered and it is still correct the basic information regarding the nursing program should be already on the document. Below is a link to the documentation on the system. It can be used as a guide as you enter the information for your program.

THE ANNUAL REPORT DOCUMENT IS DUE TO THE BOARD BY NOVEMBER 2, 2009.

Sign in using your NCLEX code as your username.

Institution

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http://bnursw4/apps/annualreport/institution.aspx

Bevill State Community College

Institution> Programs> Faculty> Students> Curriculum> Report Completion

Parent Institution
610-c-3-.02(2) (a)

Mailing Address: 123 Main St
Mailing Address: Suite 250
City: Jasper State: Maine Zip: 36110
Street Address: 123 Main St
Street Address: Suite 250
City: Jasper State: Alabama Zip: 36110

Chief Executive Officer of Institution: Neal Morison
Title: interim president
Type of Institution: ☒ Public ☐ Private

Enter the appropriate accrediting body information below and then click the "ADD" link.

NAME OF NATIONAL AND REGIONAL ACCREDITING BODY	LAST SURVEY	NEXT SURVEY

Institution (continued)

On the Institution page, enter the Accrediting Body, Last Survey and Next Survey (if scheduled, and then click the ADD link to add the button to the grid. If there is more than one Body, enter each one separately.

The screenshot shows the 'Education Annual Report' web application in Microsoft Internet Explorer. The page is titled 'Institution' and contains a form for entering institution details. The form includes fields for Address, Suite, State, Zip, Executive, Interim president, and Institution type (Public/Private). Below the form is a table for accrediting bodies.

	NAME OF NATIONAL AND REGIONAL ACCREDITING BODY:	LAST SURVEY:	NEXT SURVEY:
Edit Delete	adfasdf	12/31/2009	12/31/2010
Edit Delete	qwerqwer	1/1/2010	1/1/2011
Add			

Below the table, there is a section for 'Current accreditation status, effective dates' and 'Web Site Address of Institution'. At the bottom, there are 'Save' and 'Programs >>>' buttons.

Program

The screenshot shows the 'Education Annual Report' web application in Microsoft Internet Explorer. The page is titled 'Program' and contains a form for entering program details. The form includes fields for Mailing Address 1, Mailing Address 2, City, State, Zip, Street Address 1, Street Address 2, City, State, Zip, Telephone, Fax, Web Address, Email Address, Chief Nurse Administrator, License Number, Credentials, and Title.

78-400 Beville State Community College - ADN

Nursing Program
610-X-3-02(5)

Mailing Address 1: 1411 Indiana
Mailing Address 2: Avenue
City: Jasper State: Colorado Zip: 35
Street Address 1: 1411 Indiana Avenue
Street Address 2: 1411
City: Jasper State: Alabama Zip: 3552
Telephone: 5759 Fax: 5175
Web Address: bscc.edu
Email Address: pmottbscc.edu
Chief Nurse Administrator: Penne
License Number: 1-999995
Credentials: MSN
Title: Associate Dean

Program (continued)

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http://bnrswt/apps/annualreport/Programs.aspx

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Credentials: TWCIV

Title: Associate Dean

☒ Accredited ☐ Not Accredited

Enter the appropriate accrediting body information below and then click the "ADD" link.

	NAME OF NATIONAL AND REGIONAL ACCREDITING BODY:	LAST SURVEY:	NEXT SURVEY:
Add			

Current Accreditation Status, Effective Dates (send report)

accredited

Type of Nursing Program

☐ LPN
☐ ADN
☒ BSN

☐ Approved
☒ Notice of Deficiency
☐ Provisional

Save <<< Institution Faculty >>>

On the Program page, enter the Accrediting Body, Last Survey and Next Survey (if scheduled, and then click the ADD link to add the button to the grid. . If there is more than one Body, enter each one separately.

Faculty

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http://bnrswt/apps/annualreport/Faculty.aspx

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78-400 Bevell State Community College - ADN

Institution> Programs> Faculty> Students> Curriculum> Report Completion

Faculty
610-X-3-02(6)

a. How many full-time faculty did your nursing program employ during academic year 2008-2009?

2

b. How many part-time faculty did your nursing program employ during academic year 2008-2009?

1

c. How many unfilled budgeted full-time faculty positions did your nursing program have during academic year 2008-2009?

4

Save <<< Program Students >>>

Students

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Students
610-X-3-.02(7)

Total number of students enrolled in the program academic year 2008 - 2009.

Full-Time enrolled students	2
Part-Time enrolled students	1
Total	3

b. Total Number of qualified applicants you were unable to admit for academic year 2008 - 2009.

21

c. Provide the number of students that graduated academic year 2008 - 2009?

22

d. Are institutional and nursing program policies and procedures written published and publicly available?

☒ Yes ☐ No

How do students receive this information?

XCASDADSD

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http://bnursw4/apps/annualreport/Students.aspx

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year 2008 - 2009.

21

c. Provide the number of students that graduated academic year 2008 - 2009?

22

d. Are institutional and nursing program policies and procedures written published and publicly available?

☒ Yes ☐ No

How do students receive this information?

XCASDADSD

If on web site, provide web address

bevill.edu

e. Describe student participation in the development and evaluation of the program?

aasdfasdfgdt3c345234z

Save <<< Faculty Curriculum >>>

Curriculum

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Curriculum
610-X-3-.02(9)

a. Identify any substantive changes made in the nursing program since the last annual report, i.e. governance, facilities, student services, curriculum and program evaluation.

fgsadsdfasdfsdf

b. Provide the number of theory and clinical hours the students must complete in order to graduate from the program in the following areas:

Area of Practice	Theory Hours	Clinical Hours	Simulation Hours
Medical/Surgical Nursing	9	8	7
Maternal/Infant Nursing	6	5	4
Psychiatric/Mental Health Nursing	3	2	1
Pediatric Nursing/Care of the Sick Child	11	22	33
Community Health Nursing	44	55	66

Please use the area below, if you would like to describe your simulation hours.

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http://bnursw4/apps/annualreport/Curriculum.aspx

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Curriculum
610-X-3-.02(9)

a. Identify any substantive changes made in the nursing program since the last annual report, i.e. governance, facilities, student services, curriculum and program evaluation.

fgsadsdfasdfsdf

b. Provide the number of theory and clinical hours the students must complete in order to graduate from the program in the following areas:

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Psychiatric/Mental Health Nursing	3	2	1
Pediatric Nursing/Care of the Sick Child	11	22	33
Community Health Nursing	44	55	66

Please use the area below, if you would like to describe your simulation hours.

c. Does your program offer preceptorship or practicum?

☒ Yes ☐ No

If so, how many hours are designated for theory?

48

If so, how many hours are designated for clinical?

56

d. Submit sections of your program's systematic plan of evaluation that provides evidence of ongoing evaluation of curriculum, teaching-learning practices, and student learning outcomes. Indicate findings for academic year 2008 - 2009 and describe how these data were used to foster program improvements.

Please submit to Katie Drake-Speer at katie.drake-speer@abn.state.al.us

Save <<< Students Complete Report >>>

Report Completion

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☒ I affirm that all nursing faculty members have an active unencumbered Alabama registered nurse license.

☒ I affirm that all nursing faculty have an earned graduate degree in nursing or a related health field.

☒ I affirm the information contained in this Nursing Education Annual Report is true and accurate.

☒ I affirm the faculty / student ratio during clinical experience in licensed hospitals that provide inpatient acute care was maintained at 1:8 or less if appropriate for academic year 2008 - 2009.

☒ I understand the Nursing Education Annual Report is incomplete until I have also submitted sections of my program's systematic plan of evaluation, including data that provides evidence of ongoing evaluation of curriculum, teaching-learning practices, and student learning outcomes.

☒ Completed Annual Report

adfadf

Signature of Individual Submitting Report

Update

Done

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Your report has been submitted. Thank you for taking the time to complete the Education Annual Report.

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